	Substitute for Form PTO-875								Application or Pocket Number		
	CLAIMS AS FILED - PART (10 79	7,554	
•	· FOR				(Column 2)	SMALL	ENTITY	OR .	ОТН	ER THAI	
٠.	BASIC FEE			(LED	NUMBER EXTRA		7	١١	SMAL	L ENTIT	
	TOTAL CLAIMS	TOTAL CLAIMS (37 CFR 1.16(c))					FEE	-	RATE	FE	
	INDEPENDENT	INDEPENDENT CLASSES		us 20 = -		x , 25	5	OR -		5	
	(37 CFR 1.16(b)	·		us 3 = .		x s 100		OR 1	<u> 50.</u>		
	MULTIPLE DEPENDENT CLAIM PRESENT . (37 CFR 1.16(d				.16(d))		 , 	OR X	. <u>200</u>		
.	"If the difference in column 1 is less than zero, enter				column 2	+s_180		OR +	360		
						TOTAL		OR	TOTAL		
- 1	CLAIMS AS AMENDED - PART II									<u> </u>	
ŀ	√ 3	(Column 1 CLAIMS	<u> </u>		ma 2) (Column ;	SMALL E	ENTITY	OR	OTHER	TUAL	
	1 101	REMAININ	G	HIGHEST NUMBER	BER PRESENT	1 .			SMALL E	ENTITY	
	∑ Total	AMENOME		PREVIO	OUSLY EXTRA	1 10016	ADDI- TIONAL	- 1	RATE	A00	
	Total Total Garage Linger Lindependent Will Garage Linner		Minu		. =	x s 25 =	FEE		<u> </u>	FEE	
-	₹	<u>_</u>	Minu	3	= [x s 100=		ļ ——	50 = 1		
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ s 180=	· '	OR X S	200	200	
						TOTAL		$OR \left[+ \frac{1}{2} \right]$	30		
	(Column 1) (Column				in 2) (Column 3)	. ADD'L FEE		OR ADD	L FEE	200	
	ם	CLAIMS REMAINING		HIGHE:	ST] [
ű	Total	AFTER AMENDMENT		PREVIOU PAID FO	SLY EXTRA		ADOI-	P.	ATE	ADDI-	
	(D) CFR (.16(c))	-	Minus		= .	x s 25 =	FEE	<u> </u>		TIONAL FEE	
AMENOMENT	(17 CFR 1.16(b))		Minus		=	× s 100 =	OF		==		
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+, 180=	OF				
ľ							OF	TOTAL			
_	·	(Column 1) (Column 2) (Column 3)					OR	ADD.C	FEE,		
0		CLAIMS ' REMAINING		HIGHES							
IEN7	T-1	AFTER AMENDMENT		PREVIOUS PAID FOR	LY EXTRA		DDI- DNAL	RAT	€ ,	ADDI-	
ğ	Total (31 OFR 1.16(c)) Indépendent		Minus	44	=		EE	ļ	1	IONAL FEE	
AMENDM	(31 OFR 1.16(6))	•	Minus	***	=	x s 100.	OR.	x s 20	=		
∀	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDE	NT CLAIM (3)	+ \$180	OR OR	× s 20				
OR (+ , JOO_											
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".										
	The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20. The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 27.										
his c	collection of inform		2.0 1 01 11	mai or indebe	indent) is the highest	Ollophas (1 :					

The Highest Number Previously Paid For [Total or Independent] is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS